

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		APPLICATION AMENDMENT		OPTIONAL AMENDMENT		CLAIMS						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1													
2													
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46		1											
47		1											
48		1											
49		1											
50		1											
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													